

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>Dr</i>	<i>32</i>	<i>12/4</i>
FORMALITY REVIEW	<i>Tz</i>	<i>947</i>	<i>12/07/09</i>
RESPONSE FORMALITY REVIEW	<i>CC</i>	<i>1112</i>	<i>03-14-02</i>
	<i>ph</i>	<i>1030</i>	<i>4/16/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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11809  
3/15/02

523  
12-06-01